

THE PULSE

of the Employees of The New York Hospital 68th to 71st Streets, York Ave. to East River

VOLUME III

NOVEMBER 15, 1941

NUMBER 11

Beware Of Installment Solicitors!

A situation which concerns the welfare of many of us has come to our attention. During the past few months salesmen representing a certain credit jewelry house have gained access at various times to employees' locker rooms. If prevented from entering the hospital buildings, as has happened many times, they accost employees in the street as they leave the buildings. These salesmen are trying to sell jewelry, particularly watches on the installment plan. Should the prospect refuse to buy the article, the salesman tells him that he may have it on approval and return it if he decides not to buy it.

Many employees have been tricked in this manner, as the company has refused to take back any jewelry and insisted that it be paid in full. They have a legal right to insist upon payment as the receipt which the prospect is asked to sign before taking the jewelry constitutes a contract of purchase.

Since most employees who bought jewelry in this manner have been unable to keep up the payments, their salaries have been garnished. In this event, the hospital has no alternative but is compelled by law to deduct 10 percent from every salary check of those employees until the accounts are paid in full.

We feel sure that none of us would willingly wish to become involved in such a situation as it results in much inconvenience and trouble not only to the hospital but to the individual as well. We hope, therefore, that by publication of the facts of the matter in this way, we can all be on the alert not to let ourselves be victimized.

Remember:-

1. No matter how the proposition may be stated, nobody "gives" jewelry away.
2. Merchandise purchased in this manner we have found through experience to be worth much less than what is charged for it.
3. No reputable business concern will extend credit without an investigation

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Executives Attend Hospital Institute

Executives of more than 100 hospitals throughout the country have attended The New York Institute for Hospital Administrators, held October 20-31 in The New York Hospital-Cornell Medical College.

Held here under the auspices of the American College of Hospital Administrators, in cooperation with Cornell Medical College, the program of lectures and forums covered many of the critical problems confronting American voluntary hospitals today.

The defense program has resulted in a scarcity of many hospital supplies, with a consequent increase in the cost thereof from a fraction to more than two hundred percent, speakers declared. At the same time there is no prospect of a proportionate increase in income from patient services. Difficulties arising from government priorities, as they affect hospital supplies, also were reviewed.

With medical, nursing and non-professional staffs being depleted by calls to national service or to defense industries, serious personnel problems are confronting many hospitals, those attending the Institute reported. Means of overcoming these obstacles, and the operation of voluntary hospitals under actual war-time conditions in England, were studied in round table conferences.

Field trips were conducted throughout the organization covering all phases of hospital administration. The Out-Patient Department, Nutrition Department and Record Room contributed to the interest in these trips by giving demonstrations of the methods employed here.

A dinner at Keene's Chop House marked the close of the course on Friday evening.

The members of the institute emphatically expressed their appreciation for the cooperation and courtesies extended to them while visiting with our group and we quote, "You were perfect hosts."

"He jests at scars, that never felt a wound."

THE ROOKIE'S REPORT

Camp Carefree,
U.S.A.

Dear Joie

Well your little brother Clarence finally joined the Army. Tell Pop I arrived with a detail yesterday and told the fellow with the stripes on his arm all about the invitation the President sent me. I think Pop made a mistake there. He just glared and wanted to know were there any more home like me. If you or brother Willie join up make it the Marines. The Sarge said we must have cow hide heads and ought to make good leaherneckes or sailors maybe but to please stay out of the Army.

It all started my first day in Camp. You see we all live in tents and each squad puts up their own. Each of the boys were given part of the work to do and I had to get the stakes. Some smart Alec sent me down to the butcher for a dozen and he being busy I took a seat and waited. Well, along comes that sour faced Sarge suffering I think from high blood pressure. He kept jumping up and down yelling something about stakes being stakes and steaks being something I would need for my eye if I didn't snap out of it. He called me a drawback. The big dope doesn't know I'm not on the football team. We finally got the tent up and Old Blood Pressure blows a whistle for us to fall in. I fell in and the tent fell down. B.P. is going up again and I'm going on the police force. Six hours police duty for knocking the tent down. They do things funny down here. They gave me a mop and pail with orders to report to the police sergeant. He's looped the same as old B.P. Back home you see policemen keeping law and order. Here they clean the floors with water with your brother Clarence furnishing the manpower.

Along about five o'clock the bugle blew for mess. We marched into the mess hall and had our supper. I told the mess sergeant that Mom's way of cooking eggs was much nicer. He said that was fine and took my name and Company. Bet I'll get promoted for tipping him off.

Taps sounded and all lights are out. I'm

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THE PULSE

of the Employees of
THE NEW YORK HOSPITAL
68th to 71st Sts., York Ave. to East River

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Safety Contest Starts With Bang

With the six month Safety Campaign under way, one of our roving reporters decided to do a bit of sleuthing on the progress made and the reaction of the employees. He discovered one chap looking particularly happy because, as he explained: "This is better than W.P.A. since the rules state there shuld be no undue haste; and I was born tired." Another fellow was seen blowing the top of a gas range after his work was done so that no one could burn themselves. So conscientious! Then there's the one who was seen taking the edge off all the knives. He didn't want to take the chance of anyone being cut.

The Main Kitchen force was told that about 85 per cent of the accidents could be traced directly to some failure on the part of the employee involved or one of his co-workers. It was suggested that should anything be spilled the worker should immediately clean it up or, if lucky, get a stooge to do it. Now the constant cry is "Where's Orvill?"

The consensus seems to be that although the stated "suitable award" may be unhockable the sportsmanship angle has great appeal.

The Rookie's Report

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at peace with the world when who should come in, (you guessed it) but old B.P. with the news that I get up at four o'clock to help cook eggs for all the men.

The rest of the day was very quiet, old B.P. being busy elsewhere, but it was too good to last. Along about four thirty he came roaring down the company street blowing his whistle (how that guy loves bugles and whistles) ordering our company on guard duty at six o'clock. There's where another smart aleck got me in trouble. I didn't get back until six thirty and B.P. nearly blew a fuse when I told him I couldn't find the saddle to mount guard with. He thought I was plain nuts until I explained that the whistles and bugles confused me. He's not so bad at that. He is going to have the bugler wake me up with a harp tomorrow hoping that will be easier on my nerves.

Tell Pop when he's writing to his Senator they're going to make me wear a dog tag and anyone knows that's an insult and to please do something about it.

Don't send my parrot down as I changed my mind about having a mascot. Imagine having B.P.'s orders repeated all day and you'll know why I changed my mind.

Your brother,
Clarence

Tennis Courts In Use For Three Years

For the third year many have enjoyed the use of the Hospital tennis courts. Thanks to the tireless efforts of Gene Murray they have been kept in excellent condition. The green canvas backing along the 68th Street side has reduced the amount of dust blown over the neighborhood, adding to the comfort of both players and occupants of the adjacent buildings.

An informal tournament has been held by the doctors, but at the time of writing this it had not been completed.

There is a rumor that next year we may expect to see some flowers brightening the background. Meanwhile we hope that the courts will be flooded and used again for skating this winter.

Correction

The Viennese obstetrician who is credited with starting modern surgical asepsis was incorrectly referred to in the last *Pulse* as "Sinnmelweis." His correct name was Semmelweis.

Replacement Of Burned-Out Electric Light Bulbs

Replacements of burned-out electric light bulbs will be handled by the Building Service Department except in the Engineering and Laundry Departments which will continue to replace their own bulbs.

Written requisitions will not be necessary except for special equipment as noted below.

The porter on each floor should be informed of any such bulbs requiring replacement. If the porter is not available kindly report to the Building Service Department by calling Extension 452. This number may be called at any time of the day or night as 24-hour service will be provided. It is expected that in the future the Building Service Department will make replacements whenever a light is observed to be burned out, thus saving the time of the personnel in other departments.

It should be understood that all replacements of special light equipment will be handled by the Engineering Department as in the past and on these written requisitions will be necessary.

Hospital Gift Shop Offers Xmas Gifts

With Christmas just around the corner, one begins to think of the many friends to be remembered during the festive season.

Wishes and desires are big or small, but so often the pocketbook is flat and low and almost empty. Think then of The Gift Shop with its conveniences, with its possibilities, with its reasonable prices.

Visit the Gift Shop early and see the many different unusual gifts to suit all tastes. Remember that in buying at the Shop, as the saying goes, "You kill two birds with one stone." You help yourself and you help maintain the Shop, whose chief aim is to secure funds to help those in need. Here is a real Christmas thought.

Purchases made by the personnel prior to December 10th are given a 10 per cent discount on presentation of identification cards.

Charges after December 20th will be billed as of February 1st, 1942. The Hospital Gift Shop extends to one and all, every good wish for "A Merry Christmas and a Happy New Year."

With an eye for frugality, the Purchasing Department respectfully requests that you submit your requisitions for Christmas decorations on or before Monday, December 1st. Your co-operation in this matter will considerably expedite this annual purchase.

Office Administration For The Doctor

by BEATRICE C. GUERIN

(The author, a recognized consultant in the organization and management of professional offices, gave her permission for our reprint of this article.)

Although much has been written on the business administration of medical practice, seldom has any effort been made to see the problem as a whole and to develop an integrated theory and plan. Consequently most physicians carry on, more or less complacently, on a hit and miss basis.

The road to successful practice is built on constructive thinking and a definite plan to meet the requirements of the doctor, the patient, and the community in which they live.

The medical practitioner today is faced with a two-fold problem in his relationship with his patients. He must treat his patients medically and he must consider the patient's economic status. The day has passed when he can say, "Mr. Patient, we must perform an appendectomy," and let it go at that. The first thought in the patient's mind is, "Yes, but how much is it going to cost me, doctor?" The answer, too often, is, "Now don't worry about that, we'll discuss that later." There are two reactions to this. Either the patient accepts this statement and lets the doctor worry about the fee and when it will be paid, or—if the patient is conscientious about his obligations, he may spend many a worrisome hour during convalescence with the thought, "I wonder what my bill will be and will I be able to meet it satisfactorily."

As a consultant to the medical and dental professions I have heard both sides of the trouble. First, the doctor wants to be generous and understanding with his patient. Secondly, on the patient's side, we should remember that the layman has no basis on which to predicate the economic value of a professional service. He can only evaluate your services by discussing your fee with his friends and neighbors. Usually these dear friends and well-intentioned neighbors will justify or condemn your fee without the slightest conception of the true nature of the treatment.

Successful, efficient private practice, I believe, is founded on ten fundamental principles. These principles have proven themselves many times over. In any number of instances they have resuscitated a practice from economic coma, permitting the practitioner to face his practice day with peace of mind and the self-confidence that comes

with the assurance that his economic life is well organized, his personal obligations properly discharged, leaving the doctor free to give his undivided attention to the practice of his profession.

The following outline of these ten basic principles is offered with the conviction that their practical application will increase the functional efficiency of the office practice.

I. COMPLETE OFFICE SURVEY

A. The physical appearance of Reception Room, Private Office and Examining Room. During my years of servicing offices I have found that the doctor and his staff have often become so oblivious to their surroundings that very little thought is given to maintenance of the appearance of the reception room. The importance of this room should not be underestimated. It should be well appointed, with a prevailing atmosphere that will assure the comfort of the patient. Careful thought should be given to the doctor's private office. It should be orderly in every respect and reflect the dignity of his calling. The Examining Room and equipment is deserving of a great deal of attention. We must remember that the patient's power of observation is extremely keen and frequently critical during a time of mental stress.

B. RECEPTION AND TELEPHONE TECHNIQUE

The receptionist should be ever-mindful that she is the doctor's representative. First impressions are usually lasting. The telephone should never be answered in a disinterested manner, but rather with a pleasing tone of voice and an efficient manner, giving the caller the assurance that every detail of his message has been received and will be brought to the attention of the physician.

C. PATIENT'S SERVICE AND FINANCIAL RECORDS

Good records in the medical office are vital to a successful practice. Although your records may never yet have had to defend you in litigation, should such an occasion arise you may have to stand or fall on what they reveal. Regarding financial records, all fees should be recorded. Dates and method of payments, by cash or check, and the name of the bank on which the check is drawn, should be noted specifically.

D. AUDIT OF ACCOUNTS RECEIVABLE

It is often distressing to the doctor, when a complete audit of his accounts is made, to find that the total of the

accounts receivable has reached an incredible sum.

E. ANALYSIS OF OVERHEAD AND EXPENSES, PROFESSIONAL AND PERSONAL

Budgeting of overhead, professional, and personal expenses is absolutely necessary in conducting an efficient practice. So many demands are made on the professional man that unless he sets up a definite budget for expenditures he will soon find himself in a financial dilemma.

II. PROPER ADMISSION OF THE PATIENT TO THE PRIVATE PRACTICE

A. RECORDS TYPED

We stress the importance of obtaining first names and middle initials, residence and business address, and telephone numbers.

B. COMPLETE HISTORY, source, of reference, previous medical examination, etc. The source of reference should be requested and a written acknowledgment sent to the individual referring the patient, thanking him for his expression of confidence in sending the patient. Medical and dental histories will reveal whether the patient has been health conscious and co-operative in the past, and many other pertinent facts. The dates of the last medical and dental examinations are important.

III. COMPLETE RECORD OF EXAMINATION AND DIAGNOSTIC FINDINGS

Public health education has awakened the layman to the importance of preventive as well as therapeutic medicine. The careful recording of examination and diagnostic findings, in detail, are not only invaluable to the practitioner but also an important source of information for medical research.

IV. CREDIT STRUCTURE

Reports, Classification, Office Control, Budget Plan and Credit Facilities.

The importance of the credit structure in private practice cannot be over-emphasized. It will help to provide a basis on which the proper fee can be determined. Authentic credit information is particularly important when the payment of the fee is controlled by the office. Obtaining life's necessities and paying for them out of future income has become a definite part of American life and the professions have many organizations that will extend their credit facilities to make necessary med-

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Office Administration For the Doctor

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ical attention immediately available on a basis fair both to the patient and the doctor.

V. PRESENTATION OF TREATMENT REQUIRED

It is important in presenting the plan of treatment to remember that unless the patient is given a clear understanding of the doctor's diagnosis and prescription, he may sometimes build up a psychological resistance that is difficult to overcome. Anticipating the social and mental as well as the physical needs of the patient will be invaluable.

VI. PRESENTATION OF FEE

Operative Fee, Hospital Charges, Incidental Expenses.

Many unfortunate misunderstandings have arisen between patient and doctor on the question of fee and for that reason the writer recommends that where possible, the secretary or nurse should execute all financial arrangements. In surgical service, patients do not always realize that the doctor in quoting his fee, has not included hospital expenses such as charges for the operating room, anesthetist's fee and special medication. The fee should not be stated until the diagnostic findings and the treatment required are understood by the patient.

VII. CONTRACTING FEE AND PLAN OF PAYMENT

In contracting a fee and arranging the plan of payment we must establish a definite understanding. The patient should be permitted to submit his desired plan of payment which can either be accepted, if satisfactory, or counter-suggestions can be diplomatically made. It may be suggested to the patient that the facilities of some of the previously mentioned credit organizations are available to him. This principle has been used by the writer in hundreds of cases and found to be a potent factor in maintaining a financially successful practice.

VIII. PATIENT EDUCATION

Patient education includes the dissemination of pertinent literature, direct instruction for home care, and specific dietary information. It is a subject that should be ever in mind.

IX. PATIENT RELATIONSHIP AND COMMUNITY ACTIVITIES

The doctor is looked upon by his patients not only as a doctor but also as

a confidant and adviser. His manner with his patients should be unhurried, kindly and sympathetic. The professional man should always be cognizant of the fact that the social contact of today is the potential patient of tomorrow and this is true particularly in community activities.

X. PATIENT'S RECALL FOR PERIODIC EXAMINATION

The medical profession has been inhibited with self-imposed restrictions on the subject of recalling patients for periodic examination. Yet if we are agreed on the value of preventive and follow-up medical care, does it not follow that the patient under medical observation who fails to return in the specified time should be recalled?

The factors that have been discussed briefly above are essential aid in the achievement and maintenance of a successful medical practice. It must be obvious to the reader that the fundamental elements are not the resultant of the alchemist's skill, but rather the application of principles the soundness of which are quite self-evident.

Ease in acceptance of their validity unfortunately does not lead to their functional efficiency. It is appreciated that modification in routine is always a matter of annoyance to the practitioner, but, if indicated, may repay itself manyfold.



N.Y.H. Bowlers Doing Well

That elusive ten pin again beckons the gents from the main floor offices. "Red" VanderMeer made the arrangements. Thus far the list of competitors consists of Dr. Bailey, Childs, Hanning, Lawrence, Pabst, Dr. Pastore, Taylor and VanderMeer.

At this writing C.U.M.C.'s Taylor has the best average score (He's gunning for "hit-the-head pin" Keig). Pabst played hookey from night school to join the group one evening. Childs and VanderMeer are showing improvement over last year.

Maybe by springtime those "goll darned" pins will fall down more quickly.

A discouraged traveling salesman wired his house as follows: "If Hitler wants more territory he can have mine."

Information About Pneumatic Tube System

Having had many requests for information on the Tube System used here in the hospital, it is hoped that the following explanation of this system of quickly carrying messages, case histories, etc., will be found useful and instructive to the personnel.

The system consists in its elemental state of a sending station connected to a receiving station by a pipe which return to the sending station. A Messenger tube is placed in the sending station where it is caught in a suction blast, caused by a powerful fan blower which creates a strong suction in the piping. The tube, equipped with a cup packing on the bottom end of same, fills up the space in the piping, and the intruding air behind it due to the suction in front of it, propels the messenger tube with great velocity to its designated station. The tube's speed, on arrival, propels it out of the piping into the receiving station, at the same time closing the gate over the discharge orifice. Our system consists of these elementary sending and receiving stations multiplied many times.

A few words here regarding the sending of these carriers may be of value to all who have to use this service. Most receiving stations cannot contain more than two tubes at the best, and the majority are only able to hold one. Therefore, when a tube arrives at the station it should be immediately removed, and not left there as the next one that is sent cannot get fully through the discharge gate, thereby holding the gate open and partially breaking into the piping through the partially opened gate, interfering with the suction on the other tubes which are all connected to the same suction blowers.

Messenger tubes should not be placed in the sending stations too rapidly; a wait of at least thirty seconds should prevail before sending a second one. Sending them too fast will load up the carrying piping with too great a weight of tubes, and they will be brought to a standstill in the pipes. This necessitates blowing them out with a portable air compressor, or possibly taking the carrying piping apart, with its consequent loss of time, labor and material.

We ask your co-operation in removing all carriers promptly; and dispatching them at half minute intervals.

*I eat my peas with honey
I have done it all my life;
They do taste kind of funny
But it keeps them on the knife.*



Hospi - Tales

Miss Martha Webb, 1941 graduate of the School of Nursing is now employed at the Women's Medical College Hospital School of Nursing in Philadelphia, Pa. She is assistant instructor in science and clinical instructor.

Miss Lois Rohwerder of Jamaica, N. Y. is the new Assistant Director of the Nurses Residence. Miss Rohwerder is a graduate of the Bouve—Boston School of Physical Education and has been teaching for two years at Beloit College, Beloit, Wisconsin. Miss Rohwerder replaces Mrs. Dorothy Newman who has resigned in order to devote more time to the field of art.

Miss Elva Oeste, 1941 graduate of the School of Nursing, was married on October 30th, 1941 to Mr. William Barber.

Miss Ruth Ouwerkirk of M. & S. was married on October 11, 1941 to Dr. Chas. Chandler.

Moving Pictures of Guatemala

Dr. Lowsley again delighted a large audience at the Nurses Residence with tales of his travels, this year in Guatemala. The talk was accompanied by exquisite colored moving pictures . . . Friday evening, October 24th.

Duo Piano Concert

Miss Lois Townsley and Miss Elizabeth Reed who are to give a Town Hall concert in November were the artists at a concert given in the Nurses Residence on October 14th. The audience was thrilled at the complete unity and understanding of the artists in rendering the extremely diversified and difficult program. Refreshments were served in the lounge.

Splash Party

A splash party, sponsored by the Student Athletic Association of the School of Nursing, was held at the Spence Natatorial In-

stitute on October 17, 1941, at 8 p.m. The program was organized and run by the student committees and was composed of races with emphasis on the amusing free swim period and climaxed by a clown diving exhibition which really brought down the house. The large crowd including faculty and graduates enjoyed the refreshments of cider and doughnuts which were served after the program was over and the prizes were awarded. Miss Hannah Zeiring was the student chairman.

Trip to Staten Island

The Student Athletic Association of the School of Nursing sponsored a trip to Staten Island on Saturday, October 11th — it was a windy fall day, but that only made the big soft pretzels which were new to many in the group, taste better. The group left the Residence at 1:30 p.m. — took the El and the ferry and after a short period of exploration returned feeling wind-blown but delighted at the first observing and intimate glimpse at New York City.

Roller Skating Party

A roller skating Party sponsored by the School of Nursing Student Athletic Association was held in Central Park on October 25th. Altho the group was smaller than usual, a gay time was had by all—skating—drinking hot chocolate and incidentally watching the colorful Navy Day Parade.

Fencing Exhibition

On November 3rd the Student Athletic Association of the School of Nursing sponsored a Fencing exhibition by the Greco School of Fencing.

Foil technique and also saber was demonstrated, and as a climax several exciting bouts were fought — to the delight and interest of the audience.

Exhibit was held in the auditorium of the Nurses Residence at 8:30 p.m. Refreshments were served in the lounge.

Medical Student Party

The annual party given for the Cornell Medical Students by the Students of the School of Nursing took place on October 31st. It was a supper dance, starting at 7 p.m. After supper there was dancing in the auditorium of the Residence which was gay with Hallowe'en decorations. Music by Den Raynor.

The Accounting Department takes pleasure in welcoming Charles Constantine, our new clerk.

George McBride, our department's first draftee, paid a surprise visit to his many hospital friends on October 4th while in New York on manoeuvres. Accounting ex-

perience comes in handy even in the Army, since George has been called upon to assist in straightening out the accounts and setting up a record-keeping system at his camp.

Miss Helene Kladviko, formerly of the messenger service, has been transferred to the Personnel Office replacing Miss Eileen Reisdorff who has resigned.

Word comes from Tony Morgan, our erstwhile night auditor, that army life at Fort Eustis, Virginia, meets with his entire satisfaction. He is in a coast artillery unit and says, "The weather is lovely, the food is excellent, and am having a marvelous vacation." P.S.—We wonder how long it will last.

A miscellaneous bridal shower in honor of Vera Simerda was given by her Record Room friends on Friday, October 24th. Miss Simerda became Mrs. Rudolph Lemp on Saturday, November 8th, at 5:00 o'clock at Jan Hus Presbyterian Church on East 74th Street.

The girls in the Accounting Office are sorrowing over the loss of their most eligible bachelor-cook, E. Herman Lawrence, who is now working in the Corporation Office in place of Mr. David S. Bunch who has resigned.

Now that the bird hunting season is on we find that John Leman of Nutrition Stores is training his English Setter for field work. He claims that there are only two good methods for getting the bird — either bring your own, or try Battery Park.

What's this rumor going around that George Mackenzie (alias Bender) has been seen sideling into churches and ice cream parlors with an attractive heart-beat in tow? Could it be, as claimed, a new philosophy?

I'll wager that "Red" would like to see his name in print so here it is: VERLIN PORTER (we aim to oblige).

N.Y.H. Valet Shop

The Valet Shop is open for the convenience and service of Patients, the Resident and Visiting Staff, Nurses and Employees. An experienced Tailor is in charge, rendering full Tailoring service, ALTERATION WORK, DRY CLEANING, DYEING AND PRESSING. Call Extension 481 for service for your room or bring your garments to the Shop centrally located in the basement of the main Hospital, Room F-061.



The General Operating Rooms Of The New York Hospital

Members of the hospital staff frequently come to F-10 and say, "I've worked here for five years, and this is the first time I have ever been in the General Operating Rooms. Do you mind if I look around?" To those who are still strangers, we would like to give a little "look around."

On the Tenth Floor there are ten operating room suites, each consisting of an anesthesia room in which the patient is "put to sleep" — a scrub room where the doctors and nurses scrub their hands and arms before starting work at the field, and a sterilizing room where the instruments are prepared for operation. Some of these rooms function twenty-four hours a day.

In an average day approximately thirty-five surgeons operate. They as a busy and hard working group. In 1940 they did 6,270 cases, and found time besides to teach new members of the surgical and nursing staff. The patients operated were on one of the various services of General Surgery, Ophthalmology, Otolaryngology, Urology, Neuro-Surgery, and Plastic Surgery.

To help carry on these activities, there is an average staff of approximately twenty-six nurses, graduates and students. Upon the graduate nursing staff falls the responsibility for supervising the activities in each suite, including the service, technique and teaching — no light burden.

There are from nine to eleven graduate students with us at a time for our operating room management course of six months. They learn our methods of aseptic technique, teaching, and management, and we make friends who spread our gospel to many states in this country; before the war, to foreign lands. Approximately every eight weeks, a new group of New York Hospital students arrive for their operating room training. Somewhat frightened, but open minded and enthusiastic, they contribute much to keeping things from getting dull.

Ten orderlies provide safe conduct for

patients to and from bed. Recently, a little patient, age 10, looked at the man in the white cap, mask and gown and said, "Are you going to operate on me?" It is hard to say which one was the more startled at the idea.

Most wounds are closed with black silk threaded on Milliners needles — around 500 a day are usually needed. These and other hand-made supplies are prepared by two attendants.

The dozens of rubber gloves and quarts of intravenous solutions used daily in the operating room are prepared by the Surgical Supply Room staff. These same people prepare the sterile supplies and sterile equipment used in all departments of this large institution.

Throughout the year, the operating rooms proper are airconditioned and in the summer this is the envy of every other department. This factor contributes not only to comfort, but to asepsis, as the air which comes in through the vents has been passed through water and the dust removed. Now and again some thoughtless person fails to completely close the window screen in an office or dressing room, and a fly gets into circulation on the floor. This is very nearly an occasion for calling out the Disaster Squad, and there is much consternation until the culprit is tracked down and annihilated. One day during the past summer, startled observers found this sign on a cupboard door in one of the operating rooms, "Do not open — fly inside."

Our floor clerk is also our balance wheel. In the midst of rush and turmoil, she remains calm and smiling — sends messages and takes them without error — directs visitors, medical students and delivery boys — prompts the forgetful. Perhaps her greatest contribution is to bring us a newspaper each day with headlines which remind us that as important and busy as we think we are, we are but a small atom in a more important and busier world.

Staff Education Program

The Committee on Staff Education announces as its program for the coming year: *Behind the Scenes in New York Hospital*. The first of the series: *Behind the Scenes of the Health Service* will be given on Monday, November 17 at 11 A.M. and 8 P.M. Dr. Tyndall will address the group.

I bought my uncle some patent medicine and it helped him until he read the wrapper. Now he's got two more diseases.

It is said that thousands of germs can live on the point of a needle.

What a strange diet.

OFFICIAL NOTICE

Group Life Insurance Changes For Selectees

Recent changes with respect to the National Guard and Selective Training and Service Acts make it necessary for the hospital to modify its plans with respect to the extension of its Group Life Insurance to individuals inducted into the service.

The period of training has been extended from twelve to thirty months.

The Government now makes available up to \$10,000.00, 5-year term insurance which may be purchased at very low rates provided persons who enter the service apply for such insurance within 120 days from August 18, 1941.

Our Group Insurance rates do not cover the hazards of war, a circumstance which must be given due consideration when making plans for the future.

The hospital is therefore no longer extending Group Life Insurance coverage to employees hereafter inducted into service.

Beware of Installment Solicitors

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into one's financial responsibility beforehand.

4. You can do your part! If you see or know of anybody attempting to solicit purchases in this manner, please notify your department head who will in turn call the attention of the Protection Department to this fact.

Help Make Record Red Cross Drive

Our institution has again started its annual drive for subscriptions on behalf of the American Red Cross. The Red Cross has answered more demands for help this year than ever before. Because the need is so great at this time, we particularly request your wholehearted cooperation and support.

Even if you can afford only a few cents, your contribution will be welcomed. Several representatives have been appointed to take care of donations, and your department head will gladly refer you to one of them if you do not know who is in charge of your department's contributions.

Won't you help us to make a worthy showing for the hospital by doing your part now — before the drive closes on Thanksgiving Day?